PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

9 651792

		CLAIMS AS	(Column		(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			79				Г	RATE	FEE	ı	RATE	FEE
FOR			NUMBER FILED		NUMBE	ER EXTRA	В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			79 minus 20=		* 59			X\$ 9=	V.	OR	X\$18=	
INDEPENDENT CLAIMS			% minus 3 =		* 5			X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=	:
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	-	TOTAL		ŌВ	TOTAL	٠,
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							:	SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 27	Minus	** 1	9	= /.		X\$ 9=		OR	X\$18=	
	Independent	* 2	Minus	*** 8		=/		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=.		OR	+280=	·
							Δ.	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	ENDEN	TCLAIM	<u> </u>	┚┝	.110			.000	
							L	+140= TOTAL		OR	+280= TOTAL	
							AC	DDIT. FEE		OR	ADDIT. FEE	L
		(Column 1)	I FOR THE WAY TO SEE		mn 2) HEST	(Column 3)	-					<u> </u>
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	independent	*	Minus	***		=		X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPEN				T CLAIM] -	7,42=		OR	7.04=	
	* If the patry is solvered to less than the patry is solvered 0 with 100 is solvered 0.									OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		ımber Previously P nber Previously Pa						_	propriate box			